

2014

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No.

Registrar's No.

1. Place of Death: (a) County Greenlee (b) City or Town Sheldon (c) Location 5 years (St. & No. (or) Name of Institution) 5 years

(d) Length of Stay: In Hospital or Institution 5 years In Community 5 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz (b) County Greenlee (c) City or Town Sheldon (If outside city limits also write RURAL)

(d) Street No. _____ (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME Zenas Albert Woods (b) If Veteran World War (c) Social Security No. 463-07-8944

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband Beck Jean Woods 6. (c) Age of husband or wife, if alive 47 yrs.

7. Birthdate of deceased Sept 18-1890 (Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 10 If less than one day hrs. min.

9. Birthplace Raton NM (City, town or county) (State or Country)

10. Usual Occupation Farmer

11. Industry or Business Farmer

12. Name J L Woods

13. Birthplace Don't know (City, town or county) (State or Country)

14. Maiden Name Richard Jane Todd Hunter

15. Birthplace Don't know (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs BZ Woods

(b) Address Sheldon Ariz

17. (a) Burial, Cremation or Removal Burial

(b) Place Sheldon Ariz (c) Date Nov 10 1943

18. (a) Embalmer's Signature E. J. Mammela

(b) Funeral Director E. J. Mammela

(c) Address Sheldon Ariz

19. (a) Nov. 4-1943 (Date received local Registrar)

(b) Eugene P. Ramsey (Registrar's Signature)

20. DATE OF DEATH (Month, day and year) Oct 29 1943

TIME (Hour and minute) 6:30 a. M.

21. I hereby certify that I attended the deceased from October 1943 to October 1943; that I last saw him in dead on October 1943; and that death occurred on the date and hour stated above.

Immediate cause of death gunshot (shot gun) wound of left side head.

Due to c

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) accident

(b) Date of occurrence 10-29-43

(c) Where did injury occur? Duncan Greenlee Ariz (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home (Specify type of place)

While at work? yes (e) Means of injury shot gun wound

23. Signature E. J. Mammela M. D.

Address Clifton Ariz Date signed 10-29-43